

1. REQUISITION NUMBER	GENERAL SERVICES ADMINISTRATION REQUISITION FOR PHOTOGRAPHIC SERVICES				SHOP JOB NUMBER			
2. DATE PREPARED					LABORATORY NUMBER			
3. DATE WORK REQUIRED					CHARGES			
4. AGENCY OR DEPARTMENT					5. FOR INFORMATION CALL (Name)			
6. APPROPRIATION AND ALLOTMENT CHARGEABLE AND BILLING ADDRESS					7. TITLE OR DESCRIPTION OF MATERIAL			
8. <input type="checkbox"/> PHOTOCOPYING (PHOTOSTAT) Maximum Size 18" x 24"					9. <input type="checkbox"/> PHOTOCOPYING (OZALID) Maximum Size 17" x 22"			
NUMBER OF PAGES OF COPY SUBMITTED	QUAN. REQUIRED (Each Page)	FINISHED SIZE				NUMBER OF PAGES OF COPY SUBMITTED	QUANTITY REQUIRED (Each Page)	FINISHED SIZE
	NEGATIVES POSITIVES	SAME SIZE	REDUCED	ENLARGED	TRIM SIZE			
10. ENGINEERING DRAWING REPRODUCTION					11. PHOTOGRAPHY			
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<input type="checkbox"/> FILM		NEGATIVES	POSITIVES		<input type="checkbox"/> PHOTO-FINISHING	TYPE	QUANTITY	SIZE
						SHEET FILM		
<input type="checkbox"/> PAPER					<input type="checkbox"/> PHOTO-PRINTS	FILM PACK		
<input type="checkbox"/> PLASTIC						ROLL FILM		
<input type="checkbox"/> LINEN		PRINTS			<input type="checkbox"/> GLOSSY	NUMBER OF PAGES OF COPY SUBMITTED	QUANTITY REQUIRED (Each Page)	REQUIRED SIZE
<input type="checkbox"/> AUTO-POSITIVE					<input type="checkbox"/> MATTE			
<input type="checkbox"/> OZALID					<input type="checkbox"/> DRYMOUNT			
<input type="checkbox"/> BLUEPRINT					<input type="checkbox"/> LAMINATE			
<input type="checkbox"/> BLUELINE					<input type="checkbox"/> PROJECTION SLIDES			
<input type="checkbox"/> OTHER					<input type="checkbox"/> OTHER			
12. SPECIAL INSTRUCTIONS OR REMARKS								
13. DELIVER TO								
COPIES	CONSIGNEE	BUILDING	ROOM	14. RECEIPT				
				SIGNATURE	DATE			
15. SIGNATURE OF REQUISITION OFFICER AND DATE		16. SIGNATURE OF APPROVING OFFICER (If required) AND DATE			17. OTHER APPROVAL, AS REQUIRED (Signature and date)			

JOB COST COMPUTATION - PHOTOGRAPHIC

Operators	Process	Unit	Total Copies Made	Total Units	Labor		AMOUNT	
					R	OT		
	Photostat	9 x 12						
	Electrostatic	Copy						
	Ozalid	8-1/2x11						
	Blueprint	Square Feet						
	Blueline	Square Feet						
	Autopositive	Square Feet						
	Ozalid	Square Feet						
	Film	Square Feet						
	Paper Negatives	Square Feets						
	Plastic							
	Linen (Contact)	Square Feet						
	Linen (Projection)	Square Feet						
	Opaquing	Per Hour						
	Composition	Per Hour						
	Other	Per Hour						
	Photo Assignment	Per Hour						
	Negatives	8 x 10						
	Photo Prints Glossy Matte	8 x 10						
		8 x 10						
	Photo Finishing Cut Film Film Pack Roll Film	Per Sheet						
		Per Pack						
		Per Roll						
	Contact Prints	4 x 5						
	Drymount	8x10-1/2						
	Laminate	4 x 5						
	Projection Slides	4 x 5						
	Other							
		TOTAL					TOTAL	
							ADD	
							TOTAL COST	

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<input type="checkbox"/> BLUEPRINT				<input type="checkbox"/> MATTE	QUANTITY REQUIRED (Each Page)
<input type="checkbox"/> BLUELINE				<input type="checkbox"/> DRYMOUNT	
<input type="checkbox"/> OTHER				<input type="checkbox"/> LAMINATE	REQUIRED SIZE
				<input type="checkbox"/> PROJECTION SLIDES	
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